## **Application Data Sheet**

#### **Application Information**

Application number::

Unassigned

Filing Date::

11/09/01

**Application Type:**:

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

12:16

The state of

Method and System For Testing Foam-Water Fire

**Protection Systems** 

Attorney Docket Number::

005235.00002

Request for Early Publication?::

NO

Request for Non-Publication?::

NO

Suggested Drawing Figure::

**Total Drawing Sheets::** 

4

Small Entity?::

YES

Latin name::

Variety denomination name::

Petition included?::

NO

Petition Type::

Licensed US Govt. Agency::

No

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

NO

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Thomas

Middle Name:: Joseph

Family Name:: Boyle

Name Suffix::

City of Residence:: Galloway

State or Province of Residence:: Ohio

Country of Residence:: USA

Street of mailing address:: P.O. Box 20

City of mailing address:: Galloway

State or Province of mailing address:: Ohio

Country of mailing address:: usa

Postal or Zip Code of mailing address:: 43119

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

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State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Status::

**Full Capacity** 

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number::

22907

## Representative Information

Representative Customer Number::

22907

# **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
Provisional			November 9, 2001

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# **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

# **Assignee Information**

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::